

CHECK CASHING REGISTRATION FORM

STATE OF UTAH

Department of Financial Institutions

324 South State Street, Suite 201, SLC, UT 84111

Mailing Address: P.O. Box 146800, Salt Lake City, UT 84114-6800

www.dfi.utah.gov

Fax: (801) 538-8894

Tel: (801) 538-8830

1) Name of Principal Business and Office Address

Do Not Write In This Space

If you cash checks for consideration or extend a deferred deposit loan, in Utah or with Utah residents, you are subject to the Check Cashing and Deferred Deposit Lending Registration Act, codified as Title 7 Chapter 23. You are exempt from this act if you are a depository institution, a depository institution holding company or directly or indirectly owned or controlled by a depository institution or depository institution holding company; or a person that cashes a check in a transaction that is incidental to the retail sale of goods or services and for consideration that does not exceed the greater of 1% of the amount of the check or \$1.

CHECK CASHING REGISTRATION FEE AND BUREAU OF CRIMINAL IDENTIFICATION (BCI) CERTIFICATE

Complete all information on this form, sign it, and return it to the above address at top with an **original registration fee of \$300** in the form of a check or money order made payable to: Department of Financial Institutions. If not previously submitted, a BCI certificate must be submitted to the Department for officers, directors, managers, operators, (one who is cashing checks). For Utah residents the BCI website is <http://bci.utah.gov/criminal-records>, the phone number is: (801) 965-4445. Residents of other states should obtain a criminal history review from their respective state government.

- 2) Name registered with the Utah Division of Corporations _____
- 3) Name of check cashing business _____
- 4) Federal Employer Identification number (EIN) _____
- 5) List all states where you are registered or licensed as a check casher _____
- 6) On a separate page list all offices in Utah (no mobile facilities allowed) including: address, contact name, phone number, and hours of operations. Subsequent office additions/ deletions require prompt notification to the Department.
- 7) Contact information of person responsible for complaint resolution and examination findings response*:
- Name and Title: _____ Telephone: _____
- Address, City, State, Zip _____
- Email Address _____
- * If separate individuals, please list on separate page
- 8) Do you qualify as a Money Service Business? For example, cash checks in an amount greater than \$1,000 for any person on any day in one or more transactions? ____Yes ____No. **If yes:**
- Send a copy of your Anti-Money Laundering (AML) Policy & Procedures and your most recent independent Review to dfi@utah.gov.
 - Are you registered with FinCEN as a Money Service Business? ____Yes ____No
 - Name of AML Compliance Officer _____ Telephone _____
- 9) Name of registered agent in Utah upon whom service of process can be made _____
- Address, City, State, Zip _____ Telephone _____
- 10) If you conduct the business of a check casher in Utah but do not maintain an office in Utah, please describe the manner in which the business is conducted (attach a separate page if necessary) _____
- 11) Are you or any principal officer (i.e. director, manager, or operator) currently under investigation for, charged with, have ever pled guilty or no contest to, or been convicted of, a felony or misdemeanor? ____Yes ____No. If yes, please explain on a separate page.
- 12) Have you or any principal officer ever had an injunction, judgment, administrative order, or conviction of any crime involving moral turpitude? ____Yes ____No. If yes, please explain on a separate page.
- 13) Have you or any principal officer ever had any licensing action taken against you that resulted in suspension, probation, or revocation? ____Yes ____No. If yes, please explain on a separate page.

I hereby certify the information provided is true and correct and by signing this form, I represent our business practices will comply with Utah law.

Printed Name _____

Date _____ Signature _____

Title _____